

09/680829

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09681829	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				61		/	
2		/				62		/	
3		/				63		/	
4		/				64		/	
5		/				65			
6		/				66			
7		/				67			
8		/				68			
9		/				69			
10		/				70			
11		/				71			
12		/				72			
13		/				73			
14		/				74			
15		/				75			
16		/				76			
17		/				77			
18		/				78			
19		/				79			
20		/				80			
21		/				81			
22		/				82			
23		/				83			
24		/				84			
25		/				85			
26		/				86			
27		/				87			
28		/				88			
29		/				89			
30		/				90			
31		/				91			
32		/				92			
33		/				93			
34	/	/				94			
35		/				95			
36		/				96			
37		/				97			
38		/				98			
39		/				99			
40		/				100			
41		/				TOTAL IND.	4	/	
42		/				TOTAL DEP.	49	/	
43		/				TOTAL CLAIMS	53	/	
44		/							
45		/							
46		/							
47		/							
48	/								
49	/								
50	/								
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									